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ABSTRACT

To better serve people in a counseling relationship, it is useful to understand them not only culturally, but demographically as well. This paper traces historical, religious, demographic aspects and treatment of alcohol abuse in African Americans. Historically, alcohol abuse and alcohol dependence have varied for African Americans. During the 1840s and 1850s a Black temperance movement made abstinence from alcohol synonymous with freedom from slavery and moral uprightness. However, in the early 1900s the temperance movement became associated with Black disenfranchisement and White supremacy, so African-Americans began to withdraw from the movement. Black migration of the 1920s and 1930s, coupled with economic recession and unemployment, involved more Black people with alcohol. From this period onward, alcohol progressively became a public health problem in the Black community. By the early 1980s seven U.S. cities accounted for 50 percent of all cirrhotic deaths occurring in Blacks. Churches have in the past and continue to be a strong influence on the lives of African Americans. Black religious leaders have usually preached against the use of alcohol. Approximately 43.7% of African Americans use alcohol regularly. African American women have a lower rate of alcohol use than White women. African Americans are somewhat over-represented in treatment programs, and enter treatment later in the disease process than Whites. Contains 10 references. (JBJ)

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African-Americans and Alcoholism

by Dr. Scott B. Sigmon

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History.

Historically, alcohol abuse and alcohol dependence have varied quite a bit for Afro-Americans. For example, there was a Black temperance movement during the 1840s and 1850s, where "abstinence from alcohol was synonymous with freedom from slavery and moral uprightness. This resulted in increased respect and social opportunity" (Baker, 1988, p. 164). At that time, alcoholic beverages and slavery were viewed as examples of immorality; and, during these decades, chronic drunkenness was rare among Blacks. Baker wrote that a U.S. Census Office document of 1886 reported the 1880 U.S. mortality rate per 1000 deaths due to alcoholism or liver disease from cirrhosis to be 6.6 for Irish, 2.7 for Germans, 2.5 for Whites, and 0.7 for "Coloreds." After the Civil War, Afro-Americans emphasized temperance as a means by which one could attain political and economic equality and maintain social responsibility; however, in the early 1900s, these gains would be reversed because the temperance movement became associated with Black disenfranchisement and White supremacy, so African-Americans began to withdraw from the movement (Herd, 1985).

The Black migration of the 1920s and 1930s, primarily from the South to the North, coupled with economic recession and unemployment, involved more Black people in the sale, production, and consumption of alcohol (Baker, 1988).

Employment of Black entertainers in northern nightclubs ("speakeasies") and their involvement in the "night life," was associated with the increasing use of alcohol by Afro-Americans. From this period onwards, alcohol progressively became a public health problem in the Black community (Herd, 1985).

By the early 1980s, mortality statistics among Blacks became alarming. Seven U.S. cities (Baltimore, Chicago, Detroit, Los Angeles, New York, Philadelphia, and Washington, DC) accounted for 50 percent of all cirrhotic deaths occurring in Blacks; moreover, for all age groupings, the alcohol-related mortality rate for Afro-Americans was twice that of Whites (Herd, 1983). Also, during this time, the cirrhosis mortality for Black males ages 25 to 34 was ten times that of Whites for the same age group. Interestingly, Black women are more likely to be abstainers than women of other groups; but, when they did drink, they were more likely to drink heavily and to participate in a relatively high percentage of escape drinking (Gary & Gary, 1985). Further, the age-adjusted death rate of Black females is twice that for White females for chronic liver disease and cirrhosis of the liver, 14.4 vs. 7.0 percent, as per a report by the U.S. Department of Health and Human Services (DHHS) according to Baker (1988). This higher rate of female alcoholism should be especially disturbing to the Black community, as we now know that the danger of drinking alcohol during pregnancy yields the possibility of having children with "fetal alcohol syndrome" (FAS). [The problem of female alcoholism, however, is not confined to the Black community, as

the total percentage of U.S. alcoholics has increased from only 12% of all women in 1948 to 33-1/3% women by 1985 (Burlew, Butler, Lewis, & Washington, 1992).]

Religion.

Churches have in the past and continue to be--along recently, with the Nation of Islam's and other Muslim sects' mosques--a strong influence on the lives on African-Americans. Black religious leaders have usually preached against the use of the "demon rum" as it is seen as an example of moral depravity. Indeed, some of the more "strict" religions practiced by Black Americans have a proscription against the use of any alcoholic beverage at any time.

Demographics.

In an effort to better serve people in a counseling relationship who are different from ourselves, it is useful to understand them not only culturally, but demographically as well. Thus, Dr. Freddy A. Paniagua in his book "Assessing and Treating Culturally Diverse Clients" (1994), begins each chapter that pertains to a particular ethnic/racial group with some relevant demographic information about them. He opens his chapter on African-Americans as follows:

> In 1991, the African American population was approximately 30.8 million (U.S. Bureau of the Census, 1992). The majority of African Americans

> lived in the south; smaller numbers lived in the north central, nothereastern, and western regions of the United States (U.S. Department of Health and Human Services, 1991). The median income of African Americans was $21,423, which was below the national U.S. average of $35,262 and below that of whites ($36,915; U.S. Bureau of the Census, 1992). In 1991, 29.3% of African American families and 31.9% of African American persons were below the poverty line (U.S. Bureau of the Census, 1992), in comparison with 8.1% white families and 10.7% white persons below the poverty level (Paniagua, 1994, p.19)

How do black Americans compare to other ethnic/racial groups regarding alcoholism? In the United States, no other group has a higher rate of alcohol consumption than Native Americans (Weisner, Weibel-Orlando, & Long, 1984). Moreover, 52.7% of Whites, 43.7% of African-Americans and 47.5% of Hispanics used alcohol regularly; relative to gender across all groups, in 1991, 58.1% of U.S. males and 44.3% of U.S. females reported using alcohol at least once a month, with the total U.S. population for this being 50.9% (Keitel, Kopala, & Georgiades, 1995).

In regards to cultlural aspects, those counselors working with African-Americans must also take into account economic, social, and political aspects of being "Black" in this society, as "Color is the predominant distinguishing fact of life of all Black Americans....Black families continue to combat social,

economic, and political hardships because of color discrimination" (Hines & Boyd-Franklin, 1982, p. 85). Alcoholism is one of the presenting issues for the increasing numbers of African-Americans utilizing mental health services (Hines & Boyd-Franklin, 1982).

Statistics on the school-age population are very enlightening, as the patterns for alcohol and substance abuse are not uniform. Studies consistently report Black youth to have a lower rate of alcohol use as well as overall lower drug usage than White youth; however, rates of heroin and cocaine use are generally reported to be higher among older Black youth than among their White counterparts (Ho, 1992). These findings suggest that AIDS is therefore a major health concern to Black youth.

Treatment.

Burlew et al. (1992) wrote that women seek treatment for alcoholism less than men, and African-American women less than White women. As a result of their research on gender differences in alcoholism treatment and in particular for Black women, Burlew and his associates concluded that their:

> findings suggest that African American women relative to African American men are more likely to withdraw early or attend infrequently in mixed [treatment] groups. Hence, program planners need to consider alternative options, especially the

> option of an all African American women's group, to increase the participation of this group. (1992, p. 353)

Burlew et al. cite others in the professional literature who state that alcoholism treatment works, African-Americans are somewhat overrepresented in treatment programs, and Black Americans enter treatment later in the disease process than Whites. And, they draw the conclusion that this overrepresentation among African-Americans is not due to increased motivation, but "an indication of the problems caused by alcohol among African-Americans" (Burlew et al., 1992, p. 347).

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African-Americans & Alcoholism

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I. History.

Temperance

1920s & 1930s

Contemporary mortality rates

II. Religion.

Churches and Mosques

"Demon rum" & Moral depravity"

III. Demographics.

Population total

Income

Alcohol usage compared to other groups

IV. Treatment.

Male vs. Female

At which point in the alcoholism process/
enters treatment